THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIII.] WEDNESDAY, AUGUST 12, 1835. [NO. 1.

BIOGRAPHICAL NOTICE OF THE LATE J. GREELY STEVENSON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

"DIED, June 5th, 1835, at the White Sulphur Springs, Virginia, J. G. Stevenson, M.D. aged 36." This short sentence contains matter of deep interest alike to many friends, and to the public. In the death of Dr. Stevenson his friends have lost one whom they honored and loved; the public have lost a useful citizen. He would have asked no other memorial than this. He would have been satisfied to have known that he had been thought in any sense faithful to his public and to his private duties. He was singularly averse to all such display as has for its end to draw particular attention to the individual, and still he was constantly directing his mind to what would be widely felt. He was strictly a professional man, a studious and practical physician; but the very offices which these relations involve were always bringing before him matters of various and important concern, and about these he labored to acquire accurate information, and carefully laid up what he learnt, to be beneficially used as opportunity might allow. This interest in what was personal to himself, belonging to his daily occupations, and in what was of a more strictly public nature, was always apparent to those who were at all intimate with him. They saw in him a strong and active interest in present objects, and a preparation steadily acquiring strength for the future. The story of such a life is soon told. But its elements are too interesting to be passed over in a simple enumeration of them. The memory of such a character is good for those who cherish it; and friendship asks to make a record of it in the hope that the good of others may be promoted, while it is indulged in paying its last melancholy tribute.

J. Greely Stevenson was born in Boston, March 28th, 1799. Having received his preparatory education in the Public Writing, Grammar and Latin School of his native town, he was entered at Harvard in 1812, being 13 years of age. He graduated in 1816, and began the study of medicine under the direction of the late Dr. John Gorham. The friendly and affectionate interest taken by Dr. Gorham in his pupil continued unabated to his death, and on that event many of those who had been under his professional care, transferred their confidence at once to his pupil, who retained it undiminished during his life. In memory of his deeply valued instructor, Dr. Stevenson gave to his eldest son his name.

In 1817, Dr. Stevenson was appointed tutor in the Latin School, and very soon succeeded to the place of sub-master. During this time he continued his professional studies. He went to England in May, 1824, and remained abroad till November, 1825, visiting France and Italy.

His health had become impaired by a very sedentary life, and in going to Europe he looked for and found among rare opportunities for acquiring knowledge, the means of re-establishing his health. He graduated Doctor in Medicine in Harvard University, February, 1826. The thesis he read and defended on this occasion was on the "Theory of Disease."

From this time we find him actively engaged in the duties of his profession. He was chosen one of the physicians of the Boston Dispensary when fewer physicians than now held the office at the same time, and when of course the practice in this most excellent charity was much more extensive and arduous to the medical officers than it is at present. He prized the advantages offered him by the Dispensary very highly, and long after he had left it, he continued his gratuitous services to many who had been his patients on the charity. The estimation in which he was held in this institution is fully shown by his being appointed one of its Directors. His services in the public school were not forgotten in his after life, when the maturity of his judgment and the great accuracy of his views on all matters of his regard, could be made useful in their application to our system of education. He was chosen one of the School Committee, and devoted to this important office all the time and labor his other duties allowed.

It is in the memory of all, that wherever cholera has first appeared, it has brought alarm and panic with it. As soon as it has touched a country or a continent, dismay has manifested itself. Distance is felt to be no security against its invasions, and death has been in its whole career. In view of these facts it occurred to Dr. Stevenson that great good might be done by an association which should combine numbers, great numbers, and of all classes and of all professions, for the simple and pledged purpose to assist each other in case the disease appeared here, and to offer their aid to the whole community. He talked with some friends upon this subject. The plan was well received, and the *Relief Society* was organized. The city was divided into convenient departments—committees appointed over these—and under the direction of these were placed all the members residing in the several districts, the committees having had granted to them the fullest powers in disposing of individuals just as the circumstances of cases might demand. The effect of all this was truly good. The disease came, and at first it attacked some numbers, but never many ; but these had the constant care of judicious individuals anxious at all hours to render them most useful assistance. A sense of security came thus to be imparted to the whole community, and this was doubtless among the causes that prevented a wider spread of the desolating epidemic.

Another institution which owed its origin to Dr. Stevenson, and which was earlier in time than the last, was the *Society for the Diffusion of Useful Knowledge*. For many years lectures from learned men, on a great variety of topics, have been given before this Society under the direction of its officers, and the public interest in them has been kept up. Its publications have been very useful. It adopted the plan of rendering its instructions easily accessible to all classes, by making the expense of attending on them very small, and this has been followed by succeeding associations. The direct agency of Dr. Stevenson in forming this society, and

in aiding to continue its operations through its whole history, deserves a distinct and honorable mention among his efforts for advancing the public good.

To the cause of *Temperance* Dr. Stevenson devoted himself with the same zeal which marked his career in all good objects. He was early a member of our State Society, and for some years one of its Secretaries. Nothing but sickness ever kept him from the meetings of the Council. He was anxious that the wise and good of all he knew might lend their aid to this cause. In talking of it one day to a friend, he acknowledged that in looking back on what he had done, of a public nature, he thought his efforts for the *Temperance Reform* came to his remembrance as among those which he could find most pleasure in. The good done here he felt was a great and obvious good, and in the union of men of all countries and all classes, in this cause, he with all its friends looked for its sure success.

Dr. Stevenson died at an age when the individual, if ever, takes his place amongst men; when the mind manifests its power, and the conduct discovers to all the moral character of the individual. He had passed through the discipline which is the lot of self-dependence, and he had passed it honorably and successfully. He was not a man to regret that such had been his lot. Its discipline is severe, and the demands it makes great, and sometimes hard to be borne. Still he felt that in its path, however narrow, occasions were always to be met with which a man may make useful both to himself and others. The great opportunity for individual progress furnished by such a beginning of life, is the labor, the moral and intellectual labor, it imposes; and success comes to none with such deep, such true enjoyment, as to those who have been, through their whole course, the ministers to their own good progress. In our brief history of his life may be seen how successful he had been. Feeble health, which took him occasionally from necessary occupation, did not depress him. He submitted with almost unexampled cheerfulness to the painful and to the discouraging, and his efficiency always returned along with power.

Dr. Stevenson's character may be gathered from what has been narrated of him. But there were elements in it which claim to be more distinctly noticed. The first and most important of these was the love of truth. He held in abhorrence every form of untruth. However and wherever this was discovered by him, you saw how deeply it affected him. It shook his confidence in the moral nature, and rebuke, silent or openly declared, he always felt it to be his duty to express. With this supreme love of truth there was united what almost always accompanies it, a perfect absence of fear of the individual. Awe of man never entered into the great sentiment of benevolence with which he regarded all men. He possessed true moral courage. These elements, if existing alone, not rarely lead to the repulsive, and frequently the unamiable; but when combined with true kindness, form together the most perfect character. In Dr. Stevenson there was this union. Kindness was as much a part of him as any the strongest of his affections. It extended to everything which could feel its power. He considered kind doing, springing from the desire to promote good, an act of devotion. "When," said he one day, "I take my horse out of the hot sunshine into the shade, that I may

add to his comfort, I feel as if I had offered devotion to God. What is it but an act of kindness, a form of love, and on what higher principle than benevolence can man's conduct rest?" This simple anecdote is better than a whole history of character. This spirit of kindness was always with him. It manifested itself in early life. As one of the instructors in the Latin School, it gave to his conduct to his scholars what they never forgot. His requirements were distinctly declared, and rigidly enforced. He was as honest then, to himself and to others, as at the latest period of his life. But his native kindness was present with discipline, and however severe occasion might make this, the boys always loved while they respected him. Their attachment was declared by many acts when he was making his preparations for going to Europe. We hope we may be permitted to name one who never ceased in the recollection of his school days, to express his sincere respect and unabated affection for Dr. Stevenson, the late Dr. James Jackson, Jr. He felt the moral beauty of his character, and loved to dwell on the season he had passed under his instruction. He, too, is dead. He died in the earliest days of manhood, but his youth was as the ripeness of advanced life. Truly was knowledge gray hairs unto him, and his spotless life was old age.

Dr. Stevenson's mind was steadily and wisely cultivated. His early education was unusually accurate, and the foundation he then laid for classical learning served him in his later studies of ancient literature. His residence in France and Italy made him familiar with the language and writings of those countries, and he came to the study of his profession with a variety in his means of medical learning, which is not very common among our students. He was faithful to his advantages. He was always a student. He read medicine to the last, with his pen in his hand, and his manuscripts show how great was his industry. He took great delight in reading, and he had a remarkable facility in doing this, which enabled him to read a great deal in a short time. His memory was very retentive, and in giving accounts of books, quoting opinions of authors, and stating facts, the greatest accuracy was habitually shown. He had special dislike to exaggeration. His love of truth made everything like this offensive, and hence he was always ready, and happy to report things, whether facts, doctrines, or opinions, just as they were set down or met with, and for the most part in the language in which he had heard or read them. He was thus an industrious and faithful student. His judgment was excellent, and his strong, native understanding, peculiarly fitted him for the profession he had chosen. He collected its facts with great care, saw the differences of things, the true key to all knowledge, distinctly, and was thus enabled to form accurate diagnoses. His progress had begun to be rapid. He deserved the public confidence, and was receiving it, and the best prospects were before him of extensive and honorable professional reputation.

His intellectual and moral qualities, thus imperfectly sketched, were discoverable in his relations with others. In his intercourse with the sick his manner was simple, mild, dignified, and remarkably direct. In his directions to his patients these qualities were always strikingly displayed, so that no important mistake could arise as to the use of

remedies by attendants, unless from great forgetfulness or carelessness. The deceptions which the infirmities of disease, the mistaken kindness or indulgence of friends, occasionally gave rise to, and which, though very rarely, proceed from worse motives, Dr. Stevenson always regarded as of too serious moment ever to be passed over unnoticed. At first he treated them mildly, but with such firmness of manner as to show what his thoughts of them were, and if persisted in, he ceased his attendance, and this sometimes at once, and without any remark. He felt that the contract which is tacitly entered into by the physician and patient, made up as it is of the rightful and necessary confidence which must subsist between them,—the belief that what is directed is wisely ordered, and the trust that it will be complied with,—he felt that this relation was severed when the rule was purposely departed from, more especially if the deviation had been concealed, and that he could no longer benefit his patient.

Dr. Stevenson's character was equally declared in his intercourse with society. His address was singularly attractive. This he owed to his moral habits, and his intellectual cultivation. These however were much aided by the benevolent expression of his countenance, and his finely toned voice. The writer speaking of him after the news of his death reached us, to one who had long known him, and whose opinions we all respect, having dwelt on what he thought his distinguishing traits for some time, the individual referred to, remarked, "What you say is all true. Dr. Stevenson was a 'gentleman,' and by this term I mean to express the combination of all the qualities, the kindness, the courtesy, the moral dignity, &c., which we have always found in him." This it was which secured to him the large good will and respect which he enjoyed. He made friends wherever he was, whether in Pisa, in Italy, where he resided some time, and formed friendships which outlived long absence and distance; or in the far south and west of our own continent, where he lately sought for means of renovated health, but where he found his distant grave. The casual companions of his journeyings soon became fond of him, and it is cause of the truest consolation to his friends to know that though so distant from them, in the last weeks and days of his life, he had the kindest attentions of those who travelled with him, when acute suffering and ultimately fatal illness asked those offices which those dearest to us have most power to bestow.

It was said that Dr. Stevenson discovered in early life a tendency to grave disease, but that this seemed to have passed away under the salutary uses of foreign travel. But he could never have been called perfectly healthy. He was apparently robust, and in full flesh, while his countenance was pallid, and more or less difficulty in breathing was produced in ascending heights and on quick motion. Still he kept on, faithful to duty, laboring in a field which required many sacrifices, but yielding to such a mind the most precious fruits. About two years ago he lost two children, his only sons. It hardly need be said how deeply afflictive these losses were. He braced himself up to duty in the midst and pressure of this accumulated sorrow, and grew firmer in the accomplishment of what was before him, by the discipline under which he so deeply suffered. It was thought however by those who most closely watched him, that he gradually lost health after these events. Perhaps

failure had been longer making progress, and now declared itself with more power under the weight of trouble which came upon him. He made no complaint, and however ill and feeble he might look, always answered the inquiries about himself in a cheerful manner, declaring he felt quite well. This same indisposition to complain, to make painful demands on the sympathy of those around him, characterised his whole long illness, and did not desert him even in the day and the hour of death.

More than a year ago Dr. Stevenson was seized with an obscure disease, resembling in many of its symptoms continued fever, and having complicated with these others of less easily determined character. He was confined to bed some weeks, and during convalescence went from home, and continued in the country until health seemed tolerably restored. He however was never perfectly well after this. He suffered from severe pain, and at times great swelling of one of his legs. His stomach was frequently so irritable as not to tolerate food for a day or more, rejecting whatever might be taken, unchanged, and with hardly the least previous nausea. He had also headache at times, soreness of throat, and increasing difficulty of breathing, occasionally accompanied by cough. His nights were sleepless, and his days or most part of them filled up with professional, and not unfrequently hard labor. The winter passed by, and as the spring returned it was judged best by his medical advisers that he should leave home in this very harsh season in New England, and pass some months at the south. Under this advice he went to Charleston, S. Carolina. He gained nothing while there, and finding some of his complaints to be increasing, left Charleston for the White Sulphur Springs in Virginia. His journey was full of suffering. Dropsy, which had been confined to one limb, soon extended itself over the whole body. The difficulty of breathing amounted at times almost to suffocation. In his letters he sometimes spoke of his extreme suffering from this cause. But when he did so, and gave his symptoms in the fullest details, it was after such a manner that you might easily suppose he was stating professionally the case of somebody else, and not his own. So remarkable was this in his letters, that a friend in writing him remarked particularly upon it, and added that this gave him the strongest hope of his ultimate recovery.

His powers of mind remained unweakened to the very last. He was sitting up on the day of his death, and a friend seeing how exhausted he was, and believing from sure signs that he was dying, urged his lying down. He consented, but said he had no other reason for doing so than to gratify this friend. He had in fact that day spoken of making arrangements for proceeding in a carriage to a more elevated spot, where he thought he should certainly breathe more easily. He laid himself down on his bed, closed his eyes as for sleep, and never opened them again. His death came by approaches at last so gentle, that he knew not of its coming; and sunk into his everlasting rest, as tranquilly as if he only slept.

The following is the epitaph on his gravestone :—

"JONATHAN GREELY STEVENSON,
OF BOSTON.
Died 5th June, 1835.—Aged 36 Years.

Were his grave in his native city, it would require no epitaph.

The inscription of his name, there universally known, would suffice to tell, that beneath it repose the remains of a highly gifted, just and generous man,—a pre-eminently learned and skilful physician,—a most active and judicious philanthropist; and of a son, a husband, a father, a brother and a friend, than whom none was ever more devoted, or more devotedly beloved.

He lived in the exercise, and died in the hopes of the faith, that though 'the dust shall return to the earth as it was, the spirit shall return to God who gave it.'"

MEDICAL TREATMENT IN TYPHUS.

[We continue our extracts from Dr. Bigelow's Discourse, and present this week the remainder of his remarks on Typhus, begun in our last number.]

It must be allowed, that attacks of disease resembling those of typhus, sometimes speedily disappear during the use of remedies; but it is by no means certain that such cases are actually cases of typhus. The diagnosis of typhus, during the first day or two, is extremely difficult, its character being simulated by different febrile and inflammatory affections; so that if a patient, under the use of remedies, succeeds in avoiding protracted disease, we are not justified in saying that the disease he has escaped was typhus. Andral, whose experiments on the different modes of treatment in continued fever, are very extensive, has stated, that in a number of cases, observed by him, in which the fever was sufficiently intense, the disease ceased in twenty-four or forty-eight hours, without any treatment, except that of rest and regulated diet.

Moreover, in weighing the influence of treatment, it ought to be recollected that during the existence of any prevailing epidemic, mild cases, partaking of a similar character to that of the reigning disease, continually appear among the less susceptible part of the community. Thus cholera is attended by diarrhœa or cholerine, influenza by mild catarrh, smallpox by varioloid, scarlet fever by slight sore throats or ephemeral eruptions, &c. Now, although these cases are in reality modified examples of the grave diseases which they accompany, yet I believe that no well-informed physician will attribute the mildness or shortness of their character to his own particular practice.

On the other hand, it is certain that cases of real typhus do come under active treatment at an early stage, without being broken up, or disarmed of their appropriate consequences. This particularly happens, when the disease is endemic in families, so that successive cases begin, as it were, under the eye of the attending physician, who has every possible inducement to detect and prevent them, if he can. In such families, indeed, it will sometimes happen, that febrile attacks of different kinds, consequent upon fatigue and anxiety, and perhaps partaking of the typoid character, will take place among the friends and attendants of the sick; and these may disappear speedily, under rest and evacuations. But that grave and specific typhus will thus disappear, is a point of which we as yet

want proof. That it sometimes fails to disappear, we have abundant proof.

Typhus has, in many respects, a marked affinity with the class of eruptive fevers, which are supposed to depend on a specific morbid poison, and which no one pretends to intercept, after the body has become infected with them. Scarlet fever and measles, for example, when once established, require a certain number of days to finish their course; so also does typhus. Scarlet fever and measles can, in most cases, be had but once during life; but to this general rule there are exceptions. The same is precisely true in regard to typhus. The contagiousness of scarlet fever is a point of dispute among physicians; and so is that of typhus. Scarlet fever is attended with an eruption on the skin. Typhus also has for one of its most constant symptoms a red, lenticular eruption, called by the French *taches*, consisting of a few, scattered, rose-colored pimples, appearing chiefly on the trunk, from about the sixth to the nineteenth day of the disease. There also occurs, in most subjects, a minute, vesicular eruption, called *sudamina*, about the neck and elsewhere. In scarlet fever, moreover, certain portions of the mucous membrane undergo morbid alterations, particularly on the tonsils, and other parts of the fauces, and these frequently degenerate into ulcers, affecting the subjacent textures. In like manner, in typhus, the mucous membrane of the glandular patches in the small intestines, which have been named after the anatomist Peyer, undergo morbid changes, and these changes are followed by ulcerations, and sometimes perforations, of the intestine. This fact, established by the researches of Louis and other pathologists in Paris, has been abundantly confirmed by post-mortem examinations made in this country during the last few years. If it be objected to the proposed classification of typhus, that the *taches* are sometimes few in number, or wholly absent; it is equally true, that the pustules of inoculated smallpox are likewise often very few, or absent, and that the eruption of scarlatina sometimes wholly fails to appear. The sore throat also in the latter disease is wanting, quite as often, to say the least, as the morbid affection of Peyer's glands.

Before quitting the subject of typhus, I beg leave to introduce the opinion of one or two medical writers, in regard to the possibility of interrupting or breaking up this disease by means of art. M. Louis, of whose researches in regard to typhus, it is but small praise to say, that they are more exact and comprehensive than those of any living writer, is of opinion that the disease cannot be thus intercepted. "Experience," says he, "has shown, that a well-marked typhoid affection is not capable of being broken up." To this testimony of one of the most eminent teachers in the French metropolis, it may not be amiss to add that of an American physician, whose opportunities for observing the disease in different parts of New England were extensive, and whose Essay on Typhus Fever well merits an attentive perusal. The late Dr. Nathan Smith, in the course of some remarks on the possibility of interrupting this disease at its commencement, observes, "During the whole of my practice I have never been satisfied that I have cut short a single case of typhus, that I knew to be such."

Having said thus much, I leave the subject of the tractability of

typhus to the light of future investigation. It is but justice to state, that numerous and highly respectable authorities are declared in favor of the efficacy of art in shortening and mitigating this disease; and it will be a source of gratification to the friends of humanity and science, should it ultimately be settled that the active treatment now usually pursued at the commencement of typhus, is instrumental in lessening its duration, severity, or danger.

REMARKS ON CHOLERA.

[THE following extract is the conclusion of an interesting article on the malignant cholera, by Richard Sexton, M.D., of Baltimore, published in the last number of the N. A. Archives of Medical Science.]

IT will be perceived that the foregoing remarks include a treatment, destitute, to a great degree, of the characteristics of heroism. After the partial or sole management of about 250 cases, in the various stages and combinations, for relieving which, a great variety of practice was pursued, I have concluded that a calm and patient system of management is preferable to any which may keep the patient excited, may make repeated and large draughts on his nervous energy, or which may attempt to vanquish by some bold stroke, the probable consequence of which will be rather to conquer the patient than the stubborn malady.

Is malignant cholera atmospheric or contagious? I would not desire to occupy these valuable pages with a discussion of a question, which, every medical library bears testimony, has been copiously argued in many a bulky volume. I wish merely to record an individual opinion. The facts brought forward by disputants on the contagiousness of the disease, exhibit great incongruity in their nature. When one party decide that cholera is propagated solely by atmospheric constitution, an abundance of strong facts is readily ushered forward to render its decision apparently judicious; and if another party declare the malady to be contagious, every unprejudiced person must admit that the conclusion is correctly deduced from several occurrences, known as indisputable in medical and political history.

What better order can be made to arise out of this chaos of strong fact, than simply this: that the disorder owes both origin and perpetuation to atmospheric constitution or miasm, but that effluvia from the diseased body, is one cause of its extension?

We need not allude to other diseases which are believed, by some authors, to be propagated under similar principles, only with the view to remind of the fact; for that scarlatina, rubeola, and pertussis, receive extension through both aerial miasm and personal contagion, is an opinion defended by several noted medical writers. Malignant cholera should be classed under the same head, as in all probability should be likewise arranged the whole of those awful pestilences, which, in different ages, have overrun nations and continents.

The greatest difficulty against admitting this opinion, is in its philosophy. Thus: Does nature require two such active agents to propagate a disease, when either would be amply sufficient to effect her object?

Can the personal contagion be the same in substance as the atmospheric miasm? And it must be so, or how can dissimilar first causes produce the same disease? These are rational inquiries; but they are those of speculation, to answer which, are brought forward the opposing facts. The observation of actual occurrences constitutes the only mean by which the truths of nature can be determined by mankind. Therefore, it is more proper first to seek for facts, and then to permit a natural conclusion to flow from their tenor, rather than to embrace an opinion deduced from partial circumstances, or from speculative views, and, afterwards, to endeavor to force all the premises to bow down to the support of such a conclusion.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 12, 1835.

THE JOURNAL.

With this number we commence the Thirteenth Volume of the Boston Medical and Surgical Journal. Its age is certainly an evidence of the patronage it receives from the medical profession, which we acknowledge with much gratitude.

With an ambition to sustain a respectable rank among the scientific periodicals of the country, and with our corresponding efforts, it will still be impossible to meet the views of physicians, or answer our own designs, without the continued and constant support of those who have thus far manifested a regard for the character and usefulness of a publication exclusively their own.

The idea of perfectly satisfying every one in relation either to the method of conducting the Journal, or the quality of the articles which find a record in its pages, is not entertained. With the most honest intentions, we have doubtless committed many errors; but we derive satisfaction from the consciousness of having endeavored to meet the public approbation, however unsuccessful the effort may sometimes have been. To present the reader with a synopsis of the professional intelligence of this, and other countries distinguished for their advancement in medicine, surgery, and their collateral branches, and make the Journal an organ of communication, in which practitioners may freely disseminate their discoveries, their experience and even their theories, has been an important consideration. Communications have been liberally supplied, and they are continually coming; so that we are warranted in saying that for variety, importance and originality, for which we are free to acknowledge our indebtedness, this Journal has not been surpassed by any other in the United States—and perhaps no other one circulates more extensively in this country.

Were it certain that a large proportion of the subscribers would be willing to pay a small additional expense, we should be exceedingly happy to increase the number of pages, as has been suggested by several friends and patrons, and thus give nearly double the amount of matter, weekly; but at the present price, it would be ruinous to our finances to vary the Journal very materially from its present form and dimensions.

Still, should our prospects continue to brighten, we do not despair, at some future day, of making alterations of this kind, without any increase of price. To effect it, however, depends upon the friendship and assistance of our professional brethren. Reports of cases, essays, and all other productions having a connection with the science which we are humbly endeavoring to advance, will not only be particularly serviceable at the time they are given to the reader, who looks here with an expectation of being benefited by the labors and acquirements of others, but a permanent fund will be thus gradually accumulating, which at no very distant period will greatly redound to the honor and advantage of the medical literature of this new and enterprising country.

INJURIOUS EFFECTS OF SALT.

Dr. W. Mateer, out-door visiting physician of the Belfast Dispensary, refers to the application of many adults who complained of the same kind of indisposition. The symptoms were great weakness, lassitude after any ordinary exertion, a feeling of soreness through the whole body, and a sensation at the region of the heart, which the patients themselves differently described as a "crushing," "tearing," and "gnawing" at the heart, together with palpitation, stitches through the chest, a catching cough, dyspnœa, and costiveness of the bowels, but with appetite unimpaired. These complaints were found only among the lower classes, whose condition differed from that of the higher in nothing so much as in the nature of their diet, which among the former consisted in a great part of salted provisions, which were but sparingly used by the rich. From these circumstances, in connection with the fact that the entire disuse of salted provisions, and a diet of fresh vegetables and fresh meat, continued for some time, always afforded relief, Dr. M. was induced to attribute the symptoms above-mentioned to the *inordinate use of salted provisions*. He is disposed to attribute their deleterious effects in a great measure to the action of the salt; from which opinion, however, the editor of the Medico-Chirurgical Review dissents, and considers that the evil is caused by the want of nutrition and indigestibility of the food thus hardened, and that if flesh, fish, &c. could be preserved and rendered hard and difficult of digestion by any other material than salt, the same or nearly the same train of symptoms would be the result.

COMPARATIVE MORTALITY IN DIFFERENT PARTS OF ENGLAND.

From the voluminous reports collected by Mr. Pickman, it appears that in England and Wales there are 117 families to 100 houses—in Scotland, 133 to 100—in Ireland, 110 to 100. But the circumstances in the three kingdoms are so very different, that no inference can be drawn from a comparison on this point. London and Liverpool, however, may be compared in this respect. In London there are 171 families to 100 houses, and the annual mortality was 1 in 44 in the year 1830. In Liverpool there are only 131 families to 100 houses, and the mortality was 1 in 52 of the population during the same year. Hull has 134 families to 100 houses—and the mortality is 1 in 49. Bristol shows 131 families to 100 houses—the mortality 1 in 61. This shows that the degree of isolation will not account entirely for the degree of salubrity. Liverpool and Bristol are situated alike in this respect, and yet there is a great diffe-

rence in the ratio of mortality. Again, in Manchester, there are 116 families to 100 houses, and the mortality is 1 in 30 ; whilst in Birmingham, where there are 105 families to 100 houses, the mortality is 1 in 68—not one-half of the Manchester mortality ! This enormous disproportion must be owing chiefly to the greater destruction of juvenile life in Manchester than in Birmingham, for obvious reasons—viz. the employment of young people in the former locality, and the intractability of the Birmingham material of manufacture requiring adult hands. In the woollen manufactures, the applicability of infant labor holds a middle place, and the crowding of population and mortality are proportionably less. In Leeds there are 111 families to 100 houses, and the mortality is 1 in 48. What must be the influence of concentration, then, in Dublin, where 252 families are *compressed*, for they can hardly be said to live, in 100 houses? What in Edinburgh, where 310 families conglomerate in 100 houses ? Or in Paisley, where the astonishing number of 360 families exist in 100 houses ? We have not the means at present of estimating the actual mortality in these places. In England and Wales, the ratio of coacervation has been diminishing 2 per cent. in the ten years between the last two centuries, while that ratio has been increasing in Scotland at about 2 per cent.

REMOVAL OF CALCULI.

Baron Heurteloup, whose name has doubtless become familiar to our readers, appears to have carried the art of Lithotripsy to a great degree of perfection. He has recently reported several cases of operations performed on aged men with complete success—which are the more surprising from the fact that he effected the destruction of the stones in a few minutes after the introduction of the instrument. His *percuteur* seems to act like a conscious being—picking up calculi, here and there, with as much precision as a surgeon would direct with his eye. According to his own account, he not only designates precisely the number of calculi, where several exist, but also speaks confidently of their shapes. It is certainly surprising that some ingenious anatomist does not devote himself to practise lithotripsy in the United States. The field is completely unoccupied, and promises distinction to any one who may heartily devote himself to the practice of this humane branch of operative surgery.

Lithotomy in New York.—A Scotch puppy, who being more civilly treated abroad than he probably ever was at home, having witnessed the operation of lithotomy in New York, by one of the first surgeons of America, the last season, has described the process in the London Lancet. He says the surgeon "having put on a large morning gown, sat down, and instead of putting the scalpel cautiously and firmly into the perineum, made a dab at it as if he was stabbing some reptile." After consuming nearly an hour, he seized the stone "*again—tied the handles (forceps) with a pocket handkerchief—got two men to pull it, and after some minutes extracted the stone, and a monstrous ragged looking one it was, weighing seven ounces one drachm. The case was published next day, as an extraordinary operation, and the patient was said to be doing well.*" The whole article is a gross slander, which we hope our professional brethren of New York, for the honor of the country, will take into their hands, and chastise the infamous author as he richly deserves.

Strychnine as an Endermic Application.—M. Bally has employed strychnine in this manner with considerable success. Of two men affected with paralysis of the hands, one was evidently cured by the application of a grain to a grain and a half of strychnine daily, to the raw surface produced by a blister. The second recovered the use of one hand, and nearly recovered that of the other, and a third paraplegic patient was able to walk. M. Lesieur has applied powdered strychnine, one-sixth of a grain, to the blistered surface, for hemiplegia; when the quantity was increased to two grains, a paroxysm of tetanus supervened, which was dissipated by the substitution of acetate of morphine for the strychnine. Strychnine has also been employed endermically, to the temple, in amaurosis.

Glanders in a Man.—A singular case has very lately been put on record, in London, of a groom who contracted glanders of a horse, to which he administered medicine for the cure of that afflictive disease to which this noble animal is predisposed. While forcing down liquids, using a sponge, &c. the horse sneezed, and thus threw both his saliva and the matter discharging from the nostrils, into his face. Having suffered, apparently, all the symptoms and pains, he was finally cured by the *creosote*. This may possibly be a remedy for glanders, and we beg to make the suggestion for the benefit of stablers, farmers, and those who keep horses.

Lectures on Embryology.—M. Flourens is now giving a splendid course of lectures on this subject, which for deep physiological interest have never been surpassed. Elegance of diction, combined with a thorough knowledge of the theories of all his predecessors, from Aristotle to writers of his own age, characterize, thus far, the able discourses of M. Flourens. Though we have received only the third lecture of the proposed series, which embraces the consideration of the doctrines of *epigenesis* and the system of *evolution*, which have each had most powerful advocates, enough has come to hand to convince us very satisfactorily of the high attainments, industry, research and talents of the indefatigable author.

Stone Eater.—Mention is made in a Southern paper of a negro boy, 6 years of age, who is in the habit of eating pebbles, some of them as large as the end of one's thumb. The quantity of two gallons has been voided in the course of a fortnight, of various forms and sizes. The boy is said to be in good health and sprightly. Many similar cases in adults are on medical record.

Death by Quackery.—The public papers contain an account of a fatal termination of a case treated by steam, in Southbridge, in this State. Cannot some of our correspondents, in that vicinity, give us the facts.

Prize Essay.—The Boylston Committee of Harvard University have awarded the premium of Fifty Dollars, or a Gold Medal of that value, to Usher Parsons, M.D. of Providence, R. I. for the best Treatise on Cancer. We understand that this is the fourth time the premium has been awarded to the same gentleman.

Mala Praxis.—England appears to be infested with as many ignorant professional pretenders as any on the globe, notwithstanding the efforts of numerous schools of the very first order. A patient, not long since, had the smallpox, for which the physician prescribed for a fortnight;—but as she seemed to be dying daily, a surgeon, who was called in consultation, declared her in *articulo mortis*. The friends, however, not being satisfied, called a third, who found the woman in labor! The two first mistook the *presentation of the membranes at the orificum vaginæ*, for the bladder!

Bold Operation.—Mr. Liston operated for the stone, recently, on a man sixty-one years old, from whom two stones were extracted. But that which gave importance to the matter, was this, viz. that in withdrawing the forceps a portion of the prostate gland, "*the size of half a walnut*," was brought away, which had been detached by a bistoury necessarily resorted to for the purpose of enlarging the orifice. Mr. Liston said it "could easily be spared, as he (the patient) had abundance of the gland." At last accounts, the old gentleman was *doing exceedingly well.*

The Smallpox appears to prevail in different parts of the State of Vermont. No particulars have been received.

Old Age.—An advanced term of life and decrepitude are commonly conceived to be synonymous: the extension of life is vulgarly supposed to be the protraction of the period of infirmity and suffering, that period which is characterized by a progressive diminution of the power of sensation, and a consequent and proportionate loss of the power of enjoyment, the "sans teeth, sans eyes, sans taste, sans everything." But this is so far from being true, that it is not within the compass of human powers to protract in any sensible degree the period of old age properly so called, that is, the stage of decrepitude. In this stage of existence, the physical changes that successively take place, clog, day by day, the vital machinery, until it can no longer play. In a space of time, fixed within narrow limits, the flame of life must then inevitably expire, for the processes that feed it fail. But though, when fully come, the term of old age cannot be extended, the coming of the term may be postponed. To the preceding stage, an indefinite number of years may be added. And this is a fact of the deepest interest to human nature.—*Southwood Smith.*

Case of Poisoning, detected seven Years after Death.—The body had been interred in ground which was rather elevated, and the soil of which would rapidly absorb any moisture. The coffin, when exposed, was found entire, but very fragile, and so dry, that its inner surface "n'etait pas même tachetée par l'humidité." The corpse was entire; the head, trunk, muscles, &c. retained their natural position; the thoracic and abdominal viscera were completely disorganized; the only traces of them being a soft brownish matter resting on the sides of the spinal column. It was in this *matter* that MM. Ozanum and Ide discovered the presence of arsenic by the following processes. The matter was boiled in repeated quantities of distilled water as long as this (the water) was in the least degree discolored. The different decoctions were then mixed together, and the

whole evaporated to a dry extract, which was re-dissolved in boiling distilled water; but as this solution was still of a deep color, it was again evaporated to dryness, and the residue was deflagrated in a porcelain vessel, with nitrate of potass; the saline mass thus obtained was dissolved in water and treated with nitric acid, and then with a solution of pure potass. The presence of the arsenious acid was most satisfactorily detected by applying the usual well-known tests to different portions of the solution obtained in the above method.—*Orfila, Gazette de Santé.*

Gallic Acid.—Dobereiner obtains pure gallic acid in a few minutes by the following process. A concentrated decoction of gall-nuts, mixed with a little acetic acid to decompose the gallate of lime, is shaken for one minute with a quantity of ether. The gallic acid is taken up by the ether, and by spontaneous evaporation on a watch glass is obtained in small colorless prisms. If longer digested, the liquid separates into three portions. The lightest contains the gallic and acetic acids, if the latter be present in excess; the next an ethereal solution of tannin; and the heaviest, *the water and extractive matter.—Report of British Association.*

Singular preservation of Life in a Molluscous Animal.—N. Rang, Member of the Royal Academy of Sciences of Paris, received four young specimens of Anodonta rubens, Lam., from Senegal, and although they had been enveloped in cotton for two months, they were still alive; he had learnt that these animals live eight months of the year out of water, upon the ground suddenly abandoned by the river, and that they remain during six of these months exposed to the ardent heat of the Senegal.—*Athenæum.*

On the Rapidity of Vegetable Organization.—The vegetable kingdom presents us with innumerable instances, not only of the extraordinary divisibility of matter, but of its activity in the almost incredible rapid development of cellular structure in certain plants. Thus, the *Bovista giganteum* (a species of fungus) has been known to acquire the size of a gourd in one night. Now, supposing with Professor Lindley, that the cellules of this plant are not less than the $\frac{1}{2000}$th of an inch in diameter, a plant of the above size will contain no less 47,000,000,000 cellules; so that, supposing it to have grown in the course of twelve hours, its cellules must have been developed at the rate of nearly 4,000,000,000 per hour, or of more than 96,000,000 in a minute! and, when we consider that every one of these cellules must be composed of innumerable molecules, each of which is composed of others, we are perfectly overwhelmed with the minuteness and number of the parts employed in this single production of nature.—*American Journal of Science and Arts.*

DIED—At Staten Island, Dr. John Durkee, of Meredith, N. H.—In London, recently, Dr. J. M. Mugliston, surgeon, aged 48, deservedly lamented.

Whole number of deaths in Boston for the week ending August 8, 37. Males, 26—Females, 11.
Of measles, 2—pleurisy, 1—dropsy on the brain, 3—bilious fever, 3—child-bed, 1—lung fever, 1—infantile, 5—consumption, 5—teething, 1—drowned, 3—typhous fever, 1—chickenpox, 1—inflammation of the bowels, 1—syphilis, 1—hooping cough, 1—fits, 1—inflammation of the brain, 1—pleurisy fever, 1—cholera infantum, 1—erysipelas, 1—poison, 1—debility, 1. Stillborn, 4.

1835 July	THERMOMETER. Min.	Max.	Mean	BAROMETER. Min.	Max.	Mean	Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
Wed. 1	49.00	84.00	56.50	29.75	29.80	29.775	Cumulus	S W		
Thur. 2	51.50	80.00	65.75	29.62	29.80	29.710	"	"		
Frid. 3	61.00	85.50	73.25	29.61	29.62	29.620	Cumuli	"		Barom. 29.63 a. ☽ m.
Satur. 4	65.00	93.00	77.50	29.63	29.78	29.710	"	"	.05	Rain a. SE a.
Sun. 5	65.00	85.50	75.75	29.80	29.83	29.815	Cumulus	"	.02	Rain a. NW a.
Mon. 6	66.00	75.00	70.50	29.88	29.95	29.915	Cir. c. strat.	S E	.65	Rain, SW, a.
Tues. 7	59.00	82.00	70.50	29.95	30.00	29.950	Cumuli	S W		Barometer 29.90 a.
Wed. 8	66.00	86.00	75.00	29.90	29.92	29.910	Cumulus	"		Therm. 64° a. NE a.
Thur. 9	61.00	70.00	65.50	30.00	30.05	30.025	Cir. c. strat.	"	.02	Rain m. [noon. ● m.
Frid. 10	60.00	64.00	61.50	30.04	30.00	30.020	"	S E	.20	Rain m & a. Th. 59° at
Satur. 11	56.00	78.00	67.00	30.06	30.10	30.080	Cumuli	N W		
Sun. 12	60.00	80.00	70.00	30.05	30.10	30.075	Cir.cumulus	S W		
Mon. 13	67.00	91.00	79.00	29.85	29.92	29.885	Cumuli	"	.20	Nimbus at night
Tues. 14	68.50	89.00	78.75	29.82	29.85	29.835	"	"		[n't, NE. R'n, SW, a.
Wed. 15	70.00	87.50	78.75	29.83	29.88	29.855	Cir. c. strat.	"	3.16	Rain & Nim. R'n thro'
Thur. 16	61.00	77.00	69.00	29.62	29.85	29.735	"	N E		
Frid. 17	60.00	74.00	67.00	29.93	30.00	29.975	Cumuli	S W		☾ m.
Satur. 18	61.00	75.50	68.25	30.03	30.08	30.055	Cir.cumuli	S E		
Sun. 19	63.00	85.00	74.00	29.95	30.05	30.000	Cumuli	S W		
Mon. 20	63.00	88.00	75.50	29.96	30.05	30.005	Cumulus	S E		& cir. c. strat. SW a.
Tues. 21	69.00	85.00	77.00	30.08	30.12	30.100	Cir. c. strat.	"	.12	Rain m and a. SW a.
Wed. 22	64.50	81.00	72.75	30.12	30.14	30.130	Cirrus	N W		
Thur 23	64.00	87.00	75.50	30.06	30.15	30.105	Cirri	S W		
Frid. 24	65.00	87.00	76.00	29.98	30.06	30.020	"	"		[night. ○ n.
Satur. 25	67.50	87.00	77.25	29.85	30.00	29.925	Cumuli	"	.15	Cir.c.st. a. Nim. dur'g
Sun. 26	67.00	69.00	66.00	29.92	30.08	30.000	"	N E		Therm. 63° at 2 PM.
Mon. 27	57.50	73.50	65.50	30.15	30.18	30.163	Cirrus	S W		
Tues. 28	56.00	82.00	69.00	30.10	30.18	30.140	Cumulus	"		
Wed. 29	63.50	71.00	67.25	29.90	30.08	29.990	Cir. c strat.	S E	1 20	Rain & SW a. Nimbus
Thur. 30	61.50	80.00	70.75	29.78	29.85	29.815	Cumulus	S W	.06	Stratus m. Shower a.
Frid. 31	64.00	84.50	74.25	29.62	29.78	29.700	Cir. c. strat.	S E	.95	Nim., rain, n & at night
Aggreg.	29.34	80.48	71.620	29.89	29.97	29.9367	Cumuli	S W	6.78	

Result.—Mean temperature, 71.620; maximum, 13th, wind SW, 91.00; minimum, 1st, wind SW, 49.00; greatest daily variation, 2d, wind SW, 23.50; least daily variation, 10th, wind SE, 4.00; range of thermometer for the month, 42.00; increase of mean temperature from June, 6.845; prevailing atmosphere, cumuli (clear). Prevailing wind, SW. Mean atmospheric pressure, 29.9367; maximum, 27th, wind SW, 30.18; minimum, 3d, wind SW, 29.61; greatest daily variation, 16th, wind NE, 0.23; least daily variation, 3d, wind SW, 0.01; range of barometer, 0.57; increase of atmospheric pressure from June, 0.0127; rain, 6.78 inches.

Comparative with July, 1834.—Mean temperature, 73.346; maximum, 96.50; minimum, 55.50; prevailing atmosphere, cumuli. Mean atmospheric pressure, 29.990; maximum, 30.38; minimum, 29.65; rain, 6.87 inches; prevailing wind, SW.

Fort Independence, Boston, August 1, 1835. B.